

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000091327

FILED
Jul 05, 2007
Secretary of State**Entity Name:** RILA'S MEDICAL CARE CORP**Current Principal Place of Business:**14629 SW 104TH. STREET
505
MIAMI, FL 33186**New Principal Place of Business:**2097 WEST 76TH. STREET
SUITE A
HIALEAH, FL 33016**Current Mailing Address:**14629 SW 104TH. STREET
505
MIAMI, FL 33186**New Mailing Address:**2097 WEST 76TH. STREET
SUITE A
HIALEAH, FL 33016**FEI Number:** 20-3063953**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ROSALES CASTELLANOS, LENNER
1020 SW 23RD AVENUE
APT. # 5
MIAMI, FL 33135 US**Name and Address of New Registered Agent:**OPTIMUM TAX SERVICES, INC.
3081 SW 156TH. AVENUE
MIAMI, FL 33185 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSE D. ENRIQUEZ

07/05/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSALES CASTELLANOS, LENNER
Address: 1020 SW 23RD AVENUE, APT. # 5
City-St-Zip: MIAMI, FL 33135

Title: VD () Delete
Name: ROSALES CASTELLANOS, LENNER
Address: 1020 SW 23RD AVENUE, APT. # 5
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: CABALLERO, RIQUET
Address: 14629 SW 104TH. STREET, STE 505
City-St-Zip: MIAMI, FL 33186

Title: VPTD (X) Change () Addition
Name: PEREZ, JESUS ALBERTO
Address: 2097 WEST 76TH. STREET, STE B
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RIQUET CABALLERO

PSD

07/05/2007

Electronic Signature of Signing Officer or Director

Date